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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

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DIRECTOR

**STATE EMERGENCY MEDICAL SERVICES COORDINATION  
COMMITTEE MEETING  
Friday-September 25th, 2015**

**Call to Order:**

Dr. Edwards called the meeting to order at 09:33 hrs.

**Roll Call:**

**Members Present:** J. Boyd, J. Bullen, Dr. T. Charlton, K. Cummings, Dr. R. Dunne, Dr. K.D. Edwards, B. Forbush, W. Hart, Dr. B. Kincaid (via phone), A. Sundberg for M. Leckelt, S. Myers, M. Nye, Pratt (via phone), E. Smith (via phone), T. Sorensen, B. Trevithick, G. Wadaga, S. Whitehead (via phone), K. Wilkinson

**Members Absent:** Sen. Casperson, Rep. Franz, Randall, C. Lake, G. Scafidi, Dr. R. Smith

**MDHHS Representatives:** Dr. J. Scott, N. Babb, M. Lori, T. Godde, K. Wahl, S. Slee (via phone)

**Others Present:** Bob Waddell: Kent County EMS, Leslie Hall: Michigan Rural EMS Network, Marie Wilkinson: Beaumont One, Kate LaBeau: Upper Peninsula Health Plan, Jason McDonald: Mobile Medical Response, Bob Adrian: City of Alpena Fire Department, Tom Flynn: Marquette Duke LifePoint Hospital, Kolby Miller: MedStar, Matt McConnon: Rockford Ambulance, Lyn Nelson: Marquette County MCA

**Special Guests:** None

**Approval of Agenda and Minutes:**

**AGENDA: Motion to Approve: Sorensen, Wilkinson. Motion Carries.**

**MINTUES: Motion to Approve: Forbush, Wilkinson. Motion Carries.**

**Old Business:**

-MCA Conference Reminder: K. Wahl

-The MCA Conference is October 4th and 5th, 2015 in Mt. Pleasant.

9/25/2015

-Narcan Protocol

-The protocol went out and will be implemented by October 14th, 2015. Over 50% of the MCAs have submitted their protocols.

-Regional Network Status: Dr. J. Scott

-Dr. Scott has travelled across the state and met with all eight regions. Five out of the eight Fiduciary contracts are in place and the next round of visits have started. It's been extremely positive and she's been impressed with how everyone has been working together. The funding will be used to support EMS and MCA activities, as the planning boards see fit. The potential is there to use reports gathered to obtain more funding in the future.

-Discussion: Sunset of the funding dollars was discussed. Dr. Scott stated they are setting up two year contracts. Sorensen stated appreciation for the creativity and open-mindedness in this process.

**New Business:**

-EMS Plan: K. Wahl

-The current plan from 1976 is being updated. The past NHTSA assessments advised having a plan in place. Wahl has put together a plan, based on feedback from many sources. The plan is almost complete and will be sent out to the EMSCC for review and comments before being presented to the Director's and the Governor's offices.

-Ambulance Standards: Dr. Edwards

-There are possible impending changes at the National level that could impact Michigan. This will stay on the agenda for the next meeting when more information becomes available.

-Discussion: Cummings brought up that Michigan should consider adopting a standard and strongly recommends that a few people get together with Wahl and the Department on this. He states COT mounting is being looked at for changes. Wahl stated she's been told retrofitting for COT mounting can be expensive. Sundberg volunteered to offer advice, along with Cummings and Dale Berry. Further discussion ensued regarding vehicle manufacturing and that the new standards will apply to new builds only.

**Emergency Preparedness Update by Dr. Edwards:**

-The burn surge committee has added an EMS Workgroup.

-The CDC conducted site visits for assessment facilities, one was completed at Marquette and it was a good experience.

-Lyn Nelson and Alyson Sundberg spoke to the benefits of the visit, including having experts look at their program.

-ASPER PROJECT Project Officer ??? Lt. Commander Clark ~~spent time~~ made a site visit.

-There will be an emphasis on the dialysis renal network 11, a national program, becoming a stronger partner with the preparedness program.

-The Special Pathogens Conference will be on March 24<sup>th</sup>, 2016, at the Crowne Plaza in Lansing, Michigan.

### **EMS Systems Report by Kathy Wahl:**

- The Quality Assurance Task Force will have a retreat in November and will do the complete three-year review of all the protocols.
- The protocol process is being simplified and will be as electronic as possible.
- A newsletter is being developed.
- All the EMS staff on leave will be back in place in October.
  - Maria Willoughby-Byrwa will be back, she will focus on EMS for Children.
  - Colleen Nethaway will be back in place in Personnel Licensure as well.
- Sabrina Slee has been appointed as the Acting Manager of the EMS Section. The position will be posted, but the position will be different than in the past.
- The MI-MEDIC cards will be revised.
- The Data Group will be reconvening. ImageTrend and MI-EMSIS 3 are being worked on and subject matter expertise is needed from users and to make sure the mapping of data is working properly.
- New applications will be implemented through ImageTrend, including vehicle, agency, and personnel licensure. This allows the Department to move away from paper and become more electronic.
- Universal Criminal background checks for personnel licensure will begin in October using the Michigan State Police IChat system.
- All of the Regional Coordinator positions are now staffed.
  - Discussion: Staffing of the EMS section is brought up, Hart stated he would offer support for more staff, an extra FTE could be useful. Dr. Scott stated support from the state budget office is lacking and has been leveraging the preparedness office for help. She has been trying to be innovative working across the whole system. Hart stated he listens to grumblings in the field while he knows the EMS section is doing all they can. Boyd stated that if the Department needs support with the legislature, come to the Legislative Committee and they will help. Cummings brought up the passage of the QAAP through Medicaid, and stated the state will keep over a million dollars, so perhaps some of that can be shifted to the Department for EMS operations since the money is coming from the provider base. The protocol process was brought up. Trevithick asked if a website will be set up for comments and feedback and what the submission process will be. Wahl stated the process for submitting protocols will be discussed at the QATF retreat and Kevin Putman will set up a site for comments on the protocols.

### **Trauma Systems Report by Kathy Wahl for Eileen Worden:**

- All of the facilities in Michigan that have been designated level one or two are reporting their data timely. There are over 106,000 records in the Trauma registry database already.

- The additional facilities are getting ready to be designated or ACS verified. Level 3 will be able to be verified by ACS or a state designation. Two trainings have been provided to designation teams. The rest of the hospitals in the state are being asked to declare what level they wish to attain by December 31st, 2015.
- The site reviewer trainings are going well, there is one more training remaining.
- There will be a Trauma Conference next year at Grand Traverse Resort October 3<sup>rd</sup> and 4<sup>th</sup>, 2016. The 3<sup>rd</sup> will be the MCA Conference and the 4<sup>th</sup> will be the Trauma Conference.
- Discussion: The Trauma data was discussed. Bullen asked if it this data will be more useable than that gathered on the EMS side. Wahl stated it is being entered by the hospital trauma registrars and the Trauma Section has hired an Epidemiologist to review and analyze the data.

## **Committee Reports:**

### **A: Quality Assurance by Dr. Edwards:**

- The QATF retreat will be held in November, as previously mentioned.
- The next meeting is scheduled for October 23rd, 2015.
- The Adult and Pediatric Burn protocols were reviewed this past week. These protocols came through the Burn Surge workgroups.
- The initial reports are starting to come in from the Community Paramedic programs. There are challenges, but the studies are progressing.

### **B: Ambulance Operations:** Nothing to report.

- Discussion: Boyd stated that the committee should be re-engaged if the ambulance standards are going to be reviewed. Chair of the committee, Nye, was added to the workgroup for ambulance standards.

### **C: Medical Control:** Nothing to report

### **D: Education:**

- The committee did not meet. Godde stated that they would meet soon to discuss pass rates and other things. The new office setting has more resources and will allow her to conduct webinars.

### **E: Statewide Trauma Advisory:** Nothing to report.

### **F: By-Laws by Jeff Boyd:**

- The committee has two outstanding issues, making the Legislative and the Rural Ad Hoc Committees permanent. Both changes require by-laws action. The Legislative Committee change will follow the other committees and should be easy. The Rural Committee is more complicated. Boyd asked if the EMSCC would like to see the work first or would like to just vote on the final recommendations from the By-Laws

committee. It was decided the By-Laws Committee would draw up the recommendations and send it out prior to the November meeting for a vote at that meeting.

-Discussion: Forbush stated there has been extensive work done on this and should not be delayed further. Wadaga listed off possible representatives that would include regional representatives, an MCA medical director, an urban representative, Air Medical, and a Medical First Responder. Forbush stated it is important to be inclusive, as this committee should take the place of the rural task force proposed in Senate Bill 885.

**G: Data Task Force:** Nothing to report.

**H: Legislative by Bruce Trevithick:**

-The minutes from the last two meetings were sent out to EMSCC, and there are seven issues for the EMSCC to look at.

- Proposed Bennett Bill Changes. Current language allows a one time, two year opportunity of conditional upgrades. The new language would give a two year application process, followed by another two year application process, then a two year period to evaluate where you stand, and then a repeat of both original 2 year application processes. This language was created by the Legislative Committee.

-Discussion: Concern of the existence of language regarding an existing ALS service in the service area prohibiting another from upgrading under the Bennett Bill was discussed. Cummings went over the history of the bill and stated the intention of the bill wasn't to facilitate competition, it was to bring ALS service where it wasn't. Cummings also stated the date for existing service for eligibility was updated from 1997 to 2010.

**-Motion to Support: Trevithick, Second: Cummings.**

-Discussion continued: Nye suggested changing the 2010 date to reflect 5 years so it doesn't have to be continually changed. Dr. Dunne challenged the assumption of the Bennett Bill that ALS is always a good thing and there is no evidence that this is true, and he has not seen analysis of Bennett Bill communities to see if this has made a difference in patient outcomes and poor quality ALS service can actually be detrimental, and he would love to see some data on the Bennett Bill communities. Trevithick spoke to the Medical Control Authorities needing to be involved and noted the Bennett Bill is not a blank check for approval. Dr. Dunne stated he would like to see some language regarding evaluating the services. Dr. Edwards brought up the OPAL study and data should be able to show things are good and will eventually filter to EMS. Pratt stated he is against the provisions in lines 15 and 16 on page 2 due to successes in his area and would not support it at this time. Discussion ensued around this point. It is decided clarification is needed. The motion to be tabled for now, and to be discussed at the next meeting. In the meantime, the Department's legal guidance and informal review to be obtained.

**-Motion to Table: Trevithick, Second: Pratt, Motion Carries.**

-MI-POST. This is draft legislation. It has been worked on for the last year by a group outside the EMSCC and they would like input. This is the most current and supported draft so far. The Legislative Committee recommends supporting the draft as it is now.

**-Motion to Support: Wilkinson, Second: Dunne. Motion Carries.**

-Senate bill 427, Good Samaritan. This legislation will include EMS personnel in the Good Samaritan Act. The effective date will be 90 days after the bill is signed by the Governor. EMS personnel are not covered under the current legislation.

-Discussion: Dr. Scott attended the committee hearing for the bill. There was positive testimony, no negative comments or questions and it flew through the committee. She stated there was a wave of support for EMS, fire and public safety in general and expected the bill to go through the House and Senate easily.

**-Motion to Support: Nye, Second: Boyd. Motion Carries.**

-Discussion continues: The intent and scope of the bill was discussed. It is stated that this is for chance encounter situations, outside of established relationships.

-Senate Bill 444, Confidentiality Protection. This provides for Critical Incident Stress Management teams to have confidentiality protection and formalizes the process. The feedback the Legislative Committee has received has been positive.

-Discussion: Nye had an opportunity to discuss this legislation with a CISM team that was on site with him and they support it 100%.

**-Motion to support: Nye, Second: Forbush. Motion carries.**

-House Bills 4229 and 4234. These bills relate to law enforcement's use of body cameras. The committee reviewed these due to concerns stemming from law enforcement being licensed as EMS providers. Three concerns identified by the Legislative Committee were patient confidentiality, the sharing of the information with Medical Control Authorities for peer review purposes and the ability of the video to be obtained under a FOIA request. The Legislative Committee recommends supporting with amendments addressing the concerns above.

-Discussion. Dr. Charlton spoke of a situation he encountered where a law enforcement officer was called to a scene that went from being law enforcement related to becoming a medical emergency, and he thinks legislation is needed to facilitate that switch. Dr. Dunne stated that other states have mandatory body cameras for law enforcement and there is no provision for the camera to be turned off, even when inside the hospital, and that has become an issue in hospitals. Dr. Dunne stated any feedback that can be given on this legislation as it moves forward would be beneficial. Dr. Scott stated the bill requires other parties to be notified of the camera and allows for asking the officer to turn the camera off. At the minimum, EMS would need the provision of being able to be notified and ask for the camera to be turned off. She stated the video would be wholly available and unable to be redacted. Wilkinson suggested coordination with police chiefs and Sheriff's associations on this legislation to see what concerns they have. Dr. Dunne stated that deaths can occur in custody, and some of those people have medical as well as law enforcement issues, and the cameras can help in a high risk

situation for the law enforcement officer, but there needs to be some provision to provide protection. Discussion ensued around HIPPA and when EMS providers may be able to be held responsible for HIPPA violations from a law enforcement video, as well as the videos being held for evidence, and the criminal exclusions from HIPPA protections.

**-Motion to contact the introducing Representatives and ask them to review for amendments related to patient confidentiality, release to the MCA if needed for a case, and review of the assumption of guilt provision for the officers: Motion carries.**

-House Bill 4438, Epi Pen. This legislation would expand the use of Epi Pens to individuals who are not medical providers, such as sports leagues and religious institutions. The Legislative Committee's concern is that it could be interpreted that a governmental entity that is a licensed EMS provider would now be able to use Epi Pen under this legislation.

**-Motion to encourage the Bill's authors to include language exempting EMS providers: Charlton, Second: Wilkinson. Motion carries.**

-House Bill 4600. This legislation would require the State to offer the opportunity for individuals to document on their driver's license whether they want to have do not resuscitate or no heroic measures on their license. This would force the EMS providers to look to the license and there was no definition of what "no heroic measures" means. The Legislative Committee had many issues with this and opposes the legislation.

**-Motion to oppose: Trevithick, Second: Forbush. Motion carries.**

Discussion: Discussion ensued on what happens to these recommendations that the committee makes. Cummings stated that the EMSCC is an advisory body to the Department. Dr. Scott stated that it would go to the Department's legislative liaison and it would then go to the Legislative Bureau for analysis that goes into the Department's position. Dr. Scott stated that the minutes of the meetings should go up the chain as evidence. Trevithick reminded everyone to advocate to their legislators on their own, as well. Cummings advised of a piece of pending legislation for the purposes of requiring first responders and paramedics to be trained in how to treat drug overdose. He stated it is unnecessary as it is redundant and needs to be nipped in the bud before it goes anywhere. Boyd stated he is encouraging the legislator to bring the bill to the EMSCC before introducing the bill. Representative Cochran is aware of the bill and does not support this becoming law.

#### **I: Rural by Gary Wadaga:**

-The rural committee met twice since the last EMSCC meeting. They are working on fine tuning the ad hoc committee, and have made big strides in making supraglottic airway, aspirin and glucometer optional model protocols for first responders. He presented to the Quality Assurance Task Force last month and there was favorable comments, especially for aspirin and glucometers, and those are close to being finalized.

-Discussion: Lynn Nelson from Marquette-Alger MCA stated that the MCA respectfully requests evidence for capnography at the MFR level in order to use combitubes due to cost and logistical difficulties that would involve. She would like to entertain a discussion on that and be involved in the discussion. Dr. Edwards stated that has been discussed but the upcoming release of the American Heart Association guidelines may change the discussion. Colormetrics and AEDs are discussed.

### **Membership Round Table Report:**

-Dr. Scott discussed the 2009 Declaratory Ruling for Ostego County MCA. She stated that the Attorney General's office has said a declaratory ruling is only effective for the requesting entity, however, the last page of that declaratory ruling is an opinion and a ruling under the public health code. It reads "a medical control authority may adopt a protocol or protocols that allow its life support agencies to perform interfacility transfers which both begin and end outside of the MCA's jurisdiction as long as those protocols are coordinated and consistent with the protocols imposed by the MCA in the geographic regions where the transfer begins or ends and have been approved by MDCH."

-Discussion: Dr. Scott stated that in order to be able to do those interfacility transfers, there needs to be a protocol in place that is approved by the State and a letter of agreement or some other documentation that the other MCAs agree to it. Lyn Nelson stated that Marquette-Alger MCA submitted a protocol that was accepted and adopted. They asked for it to be a regional protocol for the entire Upper Peninsula and they were told they couldn't do that, and they had to re-write it to submit the protocol in a way which would force the LSAs to obtain signatures from all the MCAs it wanted to operate in. Nelson suggested looking at their original protocol as a supplemental as it would streamline the process. Dr. Scott stated that is not the way the opinion is interpreted. Dr. Scott explained there were inappropriate communications in the past and she is clarifying it now. She stated the MCA must write a protocol to allow its life support agencies and the other MCAs must agree to it. She said there will be no memo or document coming out regarding this, as there was a document released by the Department that had to be rescinded so the opinion itself will stand as the official communication of the Department. She stated that Kurt Krause agreed that this is how this opinion is to be implemented. Nye asked if each MCA that the LSA was going to needed a protocol. Wahl stated she thought that could be done similar to the way the regional protocols are being done, so each one would have the same protocol and a letter stating adoption. Sundberg asked how it affects regional air medical groups, and Wahl stated that was being looked at. Sundberg requested to have activity in the Air Ambulance Ad Hoc Committee. Lyn Nelson asked if they should resubmit their original protocol and Dr. Scott stated that was a good idea. Dr. Scott apologized for the lack of clear guidance in the past and she's hopes to make things clear. Cummings and Trevithick asked what would happen if the interfacility transfer happens when the MCA has chosen to not adopt a protocol allowing it? Dr. Scott stated then the Life Support Agency would be out of compliance. To enforce that, the Department would have to receive a complaint



with evidence. Dr. Scott and Wahl stated they would take action both through the MCA and could also act directly with the agency. It is noted that this does not apply if the transport begins or ends in the home MCA. Sundberg brought up that the original intent was the capturing of PSROs had a home on either the beginning or end of the transport. She stated that going agency to agency was extremely labor intensive and is glad it was going back to MCA oversight.

-Kolby Miller brought up a separate issue to Dr. Scott to take to Kurt Krause regarding a contracting entity setting up Medicaid contracts with provider and if an agency isn't designated the approved contractor, they don't get paid for the call. He stated the Medicaid office is directing providers to go outside of their Medical Control to transport patients and denying the ability of the agency licensed in the Medical Control to run the call. Dr. Scott stated this is the first time this has been brought to her attention and it will need to be discussed. Miller agreed to send her more information.

-Eric Smith brought up a presentation at the IC Conference in October by Dave Mottman that looks at the idea of the specialist replacing paramedics. He reviewed data from ImageTrend from 2014, and it showed 89% of the calls could have been handled by specialists. He wanted the EMSCC to be aware of the presentation.

-Bill Hart stated the EMS QAAP provided for a range of winners.

-Dr. Dunne thanked Marquette for hosting.

-Wilkinson stated the air ambulance committee has been meeting.

### **Public Comment:**

-Bob Waddell spoke of a Federal multimillion dollar grant for Narcan use in the field. He stated there is a huge Federal lobbying effort on this.

-Lyn Nelson mentioned looking into Alaska's EMS for Children program, as they have been recognized at the Federal level for the ability to outreach to frontier regions and that could transition well to Michigan.

**Next Meeting: Friday, November 20th, 2015**

**Adjournment: Motion to adjourn: Wilkinson, Second: Sundberg**

-Meeting adjourned at 11:57 hrs.